

# **Maine Department of Education Plan for the Examination of the Child Development Services (CDS) System**



## **A Report Submitted to:**

**The Joint Standing Committee on Appropriations and Financial Affairs  
The Joint Standing Committee on Education and Cultural Affairs  
The Joint Standing Committee on Health and Human Services**

**November 30, 2005**

# **Setting the Context for the Reorganization of the Early Childhood Special Education Program**

## **IDEA**

The federal Individuals with Disabilities Education Act was reauthorized December 2, 2004. The new law requires each state to develop a six year State Performance Plan which includes 34 performance indicators with targets for each, and to ensure that the eligibility criteria for developmental delay is rigorous. Department is intending to propose seamless state special education regulations 0-20 this winter, which will include a refined criteria to ensure that the developmental delay definition meets appropriate and rigorous standard.

## **Compliance**

The US Department of Education, Office of Special Education Programs (OSEP), has had a number of compliance concerns with the early childhood special education system, specifically related to the timeliness of evaluations and service delivery for young children. The State Performance Report will be submitted by December 2, 2005 and will reflect measurable and rigorous targets for:

- - the percentage of 0-2 to be found eligible;
  - 100% compliance for ChildFind 0-2;
  - 100% compliance with children transitioning from Part C (0-2 Program) into Part B, Section 619 (3-5);
  - 100% compliance in monitoring by the Maine Department of Education; and
  - the percentage of 3-5 year olds receiving services on their IFSPs,
- to name a few of the 34 indicators. The Department will post the State Performance Plan (SPP) on the Department's web page on or around December 2, 2005.

## **Seamless Systems**

The Governor's PK-16 Task Force has developed a series of recommendations to create a seamless educational system pre-kindergarten to grade sixteen.

## **Declining Population Trends**

The state is experiencing a declining birth rate as well as a declining population of young children entering the public school systems. It is anticipated that the student population will decline by 5,000-8,000 students over the next two to three years. The trends for the birth through five year olds are below:

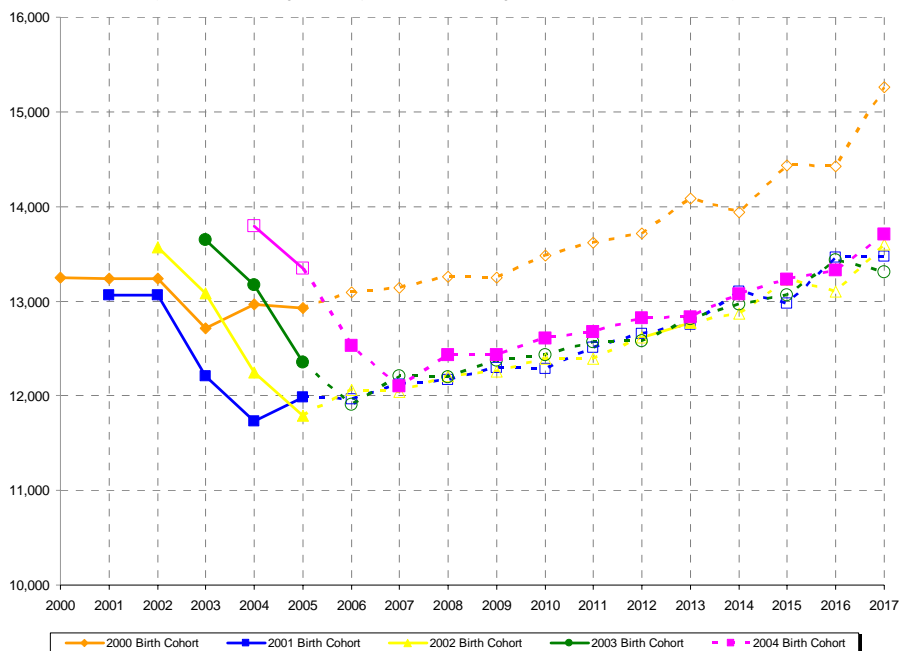
# Population Projections

(Maine State Planning Office Projections for 2004 through 2017 Issued December 30, 2003)

	1-Jul-02	1-Jul-03	1-Jul-04	1-Jul-05	1-Jul-06	1-Jul-07	1-Jul-08	1-Jul-09	1-Jul-10	1-Jul-17
Age 0	13,573	13,651	13,794	13,989	14,227	14,505	14,789	15,075	15,349	
Age 1	13,060	13,079	13,175	13,343	13,550	13,811	14,108	14,414	14,714	
Age 2	13,243	12,212	12,245	12,358	12,533	12,754	13,021	13,327	13,634	
Age 3	13,219	12,713	11,730	11,787	11,910	12,104	12,338	12,622	12,935	
Age 4	13,443	13,473	12,966	11,985	12,057	12,212	12,433	12,700	13,013	
Age 5	13,789	13,392	13,420	12,930	11,962	12,041	12,200	12,429	12,698	
Age 6	14,378	13,958	13,551	13,591	13,095	12,121	12,206	12,376	12,611	15,264
Age 7	14,592	14,411	13,986	13,586	13,628	13,137	12,164	12,259	12,434	13,470
Age 8	15,186	14,712	14,525	14,105	13,705	13,750	13,261	12,292	12,391	13,596
Age 9	15,966	15,154	14,674	14,495	14,078	13,681	13,731	13,251	12,288	13,311
Age 10	16,833	16,224	15,392	14,911	14,730	14,308	13,908	13,963	13,479	13,709

## Population Projections for the Past Five Years of Births

(Maine State Planning Office Projections for 2004 through 2017 Issued December 30, 2003)



## EPS

The new Essential Programs and Services model for Special Education will be funding 100% of the special education costs.

As one looks at the convergence of these five elements ( IDEA, Compliance, Seamless Systems, Declining Population Trend and Essential Programs and Services Funding Model)the Department has determined that now is the time for a significant reorganization of the structure and the service delivery models to be implemented in our state.

The reorganization will ensure quality services by well qualified staff in locations that are easily accessible to the eligible young children and their families. Further, the change in structure is intended to enhance the alignment and coordination of pre-k through grade three educational experiences, while creating a seamless special education system.

### **Early Childhood Special Education Program**

The Early Childhood Special Education Program implements both the Part C (0-2 year olds) Program, which provides early intervention services, and the Part B, Section 619 (3-5 year olds) Program, which provides special education and related services, of the federal Individuals with Disabilities Education Act [IDEA]. The decisions about the eligibility and the services to be provided are determined by early childhood teams, following assessment and evaluation of individual children.

### **Program Mission and Model**

The mission of Maine's Early Childhood Special Education Program is to identify young children with developmental delays and established conditions, as well as disabilities; to provide services and supports to families that meet the individualized developmental needs of their child; and to facilitate the child's learning and participation in family and community life through the partnerships of families, caregivers and service providers.

The purpose of the program is to promote the child's learning through participation in everyday routines and activities while supporting parents in enhancing their child's development, learning and participation in family and community life.

To accomplish its mission, the program promotes the following approaches as its service model:

- Use of a collaborative partnership with regular communication among team members as professionals and families work together
- Use of a trans and multidisciplinary family-centered approach in the evaluation and assessment process
- Use of functional outcomes on the individualized family service plan to address family concerns and priorities , and annual goals on individualized education program (IEP)
- Use of a primary service provider in the team approach for service delivery
- Use of coaching, modeling and information sharing to support families' and caregivers' confidence and competence for infants and toddlers
- Use of a relationship-based approach that increases positive interactions between parent and child as the foundation upon which new developmental skills can be built
- Use of naturally-occurring routines in which instruction is embedded as selected and preferred by the child's family

### **Guiding Principles**

#### **Children are special and unique:**

- All children are unique, with their individual strengths and talents. The presence of a disability or special need is not the defining characteristic of a child.

- Children grow, develop and learn in the context of relationships with their families and other caregivers within the activities of everyday routines in their caring environments as well as, activities within their community settings.
- Early Intervention and special education and related services enhance and support the capacity of community partners in serving and including young children with disabilities and their families. All children have the right to belong, to be welcomed and to participate fully in their community.

**Families are central to decision making:**

- Each family's priorities, values, hopes and diversity are honored throughout the service delivery process.
- Families are partners and decision-makers in all aspects of services; they are the experts about their child's and family's needs.

**The early intervention and early childhood special education role:**

- Service providers across all disciplines value and encourage family participation and collaboration throughout delivery of intervention services.
- The family-provider relationship builds on family strengths and is characterized by mutual trust, respect, honesty and open communication.

**Services and supports:**

- Services, supports and resources need to be timely, flexible, individualized and responsive to the changing needs of each child and their family.
- Services and supports must be in compliance with federal and state laws and regulations, fiscally responsible, and coordinated with other agencies that have mandates to serve children who are at risk.

## Potential Savings Estimate for Early Childhood Special Education Program

	<b>Potential * Savings</b>	<b><u>FY06</u></b>	<b><u>FY07</u></b>	<b><u>FY08</u></b>
Primary Service Provider Model	300,000		300,000	
Extended School Year	400,000	200,000	200,000	
Eligibility Criteria/Evaluations/Service Delivery	1,650,000		1,650,000	
MaineCare General Fund Reduction	726,000		726,000	
Enrollment decline – Impact on Anticipated Services	1,762,821	694,462	1,068,359	
MaineCare State General Fund Reduction	368,098	158,246	209,852	
Field Coordinator/ Supervisor 16 to 15	65,000		65,000	
Centralized Fiscal Management	418,228		418,228	780,000
Public School Programs for Four Year Olds	500,000		500,000	
Family Cost Participation	100,000		100,000	
Statewide Autism Initiative	300,000		300,000	300,000
MaineCare State General Fund Reduction	100,000		100,000	100,000
Screening/ChildFind	55,000		55,000	
Implementation of Tiered Rates DT Programs	600,000	300,000	300,000	
		1,352,708	5,992,439	
<b>State General Fund</b>	<b>\$7,345,147</b>			

[MaineCare State general Fund Reduction \$1,194,098]

# Children

## REGIONALIZED EVALUATION AND SERVICE DELIVERY SYSTEMS ACROSS THE SITES FOR YOUNG CHILDREN

### **Description of Work Undertaken:**

#### **CDS Process**

The CDS process of service delivery, begins with referral to CDS, intake, eligibility/assessment, individualized family service plan(IFSP)/individualized education plan (IEP) development, followed by intervention/services, ongoing assessment and IFSP/IEP review and modification.

#### **Key Role of Families**

Families play a key role in the successful implementation of the Maine Early Childhood Special Education Program service delivery system. Beginning with the first contact, families are provided with information on the purpose of early intervention to enhance the capacity of families to meet their child's developmental needs. Families are also provided with information on what they can expect from Maine's Early Childhood Special Education program as well as the important role families play as a member of the team throughout the process. Once families have this information, they can make informed decisions in defining their particular role and involvement in Maine's Early Childhood Special Education Program [ECSEP].

Essential roles of families/caregivers in the early intervention and special education process are as follows:

- **First Contact** – Families share their concerns related to their child's development, provide the team with information regarding their current family routines and schedule and identify what interactions are working well at home. Families are invited to answer those questions with which they are comfortable answering and share any additional information they feel the team needs to gain a holistic, ecological view of their family. During this time, families also receive information about Maine's ECSE program and complete required paperwork.
- **Evaluation and Assessment Process** – Families participate with their child during the evaluation and assessment process, communicating whether their child's functioning during the evaluation and assessment process is typical. They also begin sharing their priorities for the focus of intervention services.
- **IFSP/IEP Development** – Families are active participants in the IFSP/IEP meeting. They add pertinent information regarding their child's skills to complement the information gained through the evaluation and assessment. They also identify their priorities for outcomes for their child and their family as well as to collaborate with the other team members on strategies for embedding skill development. This will include ways to develop their child's skills within the context of everyday routines and activities as well as through relationships with the people who are important to their child.



• **Service Delivery** – Families work with service providers to identify and learn a variety of strategies to enhance their child's learning and development within their typical, everyday home and community routines.

• **Evaluation of Strategies and Outcomes** – Families talk with service providers continually about what is making a difference in their child and family's life. Families and service providers discuss which strategies are working, how much support the family needs in order to incorporate the strategies into their everyday routines and activities, whether outcomes have been achieved, and what changes, if any, need to be made.

## **First Contact and Family Assessment (Maine Early Childhood Special Education Program)**

### ***First Contact***

During the first contact with the family and other caregivers information is gathered to learn about the child's and family's background, interests, strengths, needs, and activities within the family and community. For some children, this also means learning about the child's early care and education settings. During this exchange, the family is given the opportunity to share their experiences with their child, as well as previous medical, health, or developmental evaluation information, describe their concerns and priorities, and share information about their child's development. In most cases, a developmental screening of the child will be conducted.

The information obtained during the first contact will be used in preparation for evaluation and assessment and subsequent development of the IFSP/IEP. In addition, the family receives information about Part C and the family-centered focus of Maine's ECSE program. It is important to gain an understanding of the family's perception of early intervention and special education and discuss any misperceptions.

### ***Family Assessment***

Family assessment is conducted within the context of the first face-to-face contact. The purpose of family assessment is to gather information from the family and to assist them in identifying their concerns, priorities, and resources. The types of information gathered must be with the concurrence of the family.

The person who gathers this information may vary from program to program. Some programs may use a service coordinator or a service provider to conduct an initial interview. The process of gathering information should be as conversational and noninvasive as possible. To do this, the person gathering the information should create a climate in which the family feels free to talk about their child and family. These individuals will have sufficient training in conducting the family assessment, including rapport-building, active listening, and use of appropriate and effective questions, and will serve as a member of the Early Childhood Team.

<b>Requirements: First Contact</b>
1. First contacts are conducted face-to-face with the child and family/other primary caregivers in their typical (natural) environment.
2. The child is present for some part of the first contact process.
3. The first contact is conducted at a time and location convenient to the family and provider

4. First contacts must include a developmental screening for children who do not have an established condition or an obvious developmental delay for purposes of evaluation/assessment planning.
5. Children with established conditions will not be screened.
6. Screening is conducted within the context of the first contact, and therefore is conducted in the home or other location in which the face-to-face contact is conducted.
7. Department recommended screening tools will be utilized.
8. Screening results are documented in the IFSP document-
9. If the child screens at age level and the family chooses not to proceed with an evaluation/assessment, the family is provided with developmental materials and referrals to community agencies, as deemed appropriate. The family is provided with contact information for CDS and offered a re-screening in three to six months, as appropriate.
10. When families choose not to proceed with an evaluation/assessment, the individual who conducted the screening must document the parent's decision via a Prior Written Notice(PWN) letter as well as a copy of their parental rights. A copy of the PWN will be entered in the child's file along with documentation of the parent's decision within the child's file of contact notes-
11. If the family chooses to continue to refer their child for further evaluation/assessment after a screening indicates the child is functioning age appropriately in all five developmental areas, then one of the following must occur:
  - (1) an evaluation/assessment must be provided OR
  - (2) if a decision is made not to provide an evaluation/assessment, the family must be given a Prior Written Notice letter regarding the CDS denial and a copy of their procedural safeguards. A copy of the PWN will be placed in the child's file and documentation regarding this decision will be recorded in the contact notes of the file.
12. The first contact must include documenting the family's concerns and reviewing any available information regarding the child's vision and hearing status, unless the child has a diagnosed hearing or vision impairment. Vision and hearing information must be documented in the IFSP document, for children birth through two.
13. The first contact is conducted by the service coordinator who is an ongoing member of the team or a service provider who has been trained in conducting first contacts.
14. A formal mechanism must be in place for the individual conducting the first contact to provide other team members with a summary of first contact information, including screening results, prior to the evaluation.
15. First contact information is used to determine the formation of the transdisciplinary team and the focus of the evaluation /assessment.
16. First contact includes educating the family on the family-centered focus of early intervention and the team based service delivery system.

#### **Requirements: Family Assessment**

1. Family assessment is conducted by the service coordinator and/or another trained team member, with the agreement of the family.
2. Family assessment does not need to be conducted when the family chooses not to proceed with an evaluation and assessment for their child.
3. Family assessment is conducted to gather information from the family and to identify

their concerns, priorities, and resources and should include the following:

- the child's and family's strengths and interests.
- the settings where the child and family currently live and play (home, community, and child care or preschool settings), along with the people who are involved.
- the settings in which the family would like their child to participate if he or she did not have a developmental disability or delay.
- the family's concerns and priorities for the child's participation in family, community as well as early care and education activities and routines.
- the family's need for additional supports, including information, materials, and emotional supports.

4. Family assessment is an ongoing process that begins at first contact.
5. Family assessment is conducted within the context of the first contact, and therefore is conducted face-to-face in the home with family agreement. A different location may be used when requested by the family.
6. Family assessment results are documented on the IFSP.
7. Maine ECSEP utilizes a family assessment tool, protocol, or techniques which emphasizes identifying family concerns, routines, activities, traditions, and desired outcomes and is documented on the IFSP.

## Evaluation and Assessment

Evaluation and assessment activities are conducted for two different purposes. The outcome of **evaluation** is to expeditiously confirm eligibility for early intervention services by determining the child's level of functioning in all five required developmental domains. An **assessment** is conducted for intervention planning that identifies the child's unique strengths and needs in terms of each of the developmental areas and the services appropriate to meet those needs. Whenever possible, evaluation and assessment must be conducted **concurrently** as one encounter. The advantage of providing evaluation/assessment in one encounter is convenience to the family, eliminating the need for an extra encounter with ECSEP before services begin for their child. Additionally, one process allows for sufficient time to complete all activities prior to the 45 day timeframe between referral and development of the Individualized Family Support Plan.

The evaluation and assessment process builds on the concept of early intervention in everyday places, routines and activities that was introduced to the family during intake/first contact. Evaluation and assessment must include opportunities to observe the child in typical routines in order to combine developmental information with functional application information.

All eligible children receive a developmental assessment for intervention planning that identifies the child's unique strengths and needs in terms of each of the developmental areas and the services appropriate to meet those needs. Combining the curriculum or instructional objective results of the assessment with the information in the family assessment provides the team with the tools they need to develop strategies to address the families concerns and priorities.

In addition to the assessment of the child's participation in typical activity settings, the

team should begin to note the preferred learning styles of the family and other primary caregivers, as they will be the primary learners in the intervention process. The team should determine how the family and other primary caregivers prefer information to be presented and what information will be most useful to them based on their preferred learning styles.

***Evaluation/Assessment of Children with an Established Condition***

For children with established conditions, an eligibility evaluation is not conducted. For these children, a written confirmation from a licensed physician (or in the case of severe attachment disorder, a licensed psychologist) of the diagnosis or suspected diagnosis establishes eligibility. Please refer to the list of conditions determined as “established conditions” that are likely to lead to developmental delay or disability. Nonetheless, assessment continues to be needed for children who have an established condition for developing the IFSP.

**Requirements: Eligibility Evaluation**

1. Eligibility evaluation is not conducted for children with an established condition.
2. For children without established conditions, individuals from at least two disciplines appropriate to address the child’s presenting condition and family concerns must conduct the eligibility evaluation. This may include an Infant Toddler Developmental Specialist or a healing arts professional such as: Occupational Therapist, Physical Therapist, Speech Therapist, Psychologist, or Nurse.
3. The team includes medical services from a physician only for diagnostic or evaluation purposes or for a child who has a complex medical condition that requires input from a physician when developing IFSP strategies. Ideally, the child’s primary health care provider is involved rather than a physician who has no ongoing relationship with the child.
4. The service coordinator must be a participant in the evaluation process, and for children who are not eligible for Medicaid, may serve as one of the required disciplines, as appropriate, if the service coordinator meets the personnel standards and competencies as an evaluator.
5. Family/caregivers understand their role and participate in the evaluation as a member of the team. All team discussions regarding the evaluation must include the family.
6. The evaluation process must provide opportunities to observe the child engaged in their typical activities, as defined by families/caregivers (such as play, interaction with caregivers, etc).
7. Evaluators must utilize information gathered from the first contact/screening, observation of the child, family/caregiver report, and any collateral information available, for example, therapy specific evaluations that may have been conducted.
8. Evaluation confirms eligibility for early intervention services by determining the child’s level of functioning in all the required developmental domains: communication; self-help/adaptive; cognitive; physical; and social/emotional.
9. The child’s vision and hearing status must be determined during evaluation or assessment
10. Eligibility criteria for Maine’s early childhood services must establish a delay of at least 1.5 standard deviations from the median score of the selected developmental assessment tool in two of the five developmental domains or 2.00 standard deviations from the median score in at least one developmental domain with a focus in the area(s) in which first contact information and/or developmental screening

indicated a concern.

11. Department recommended instruments must be used for eligibility evaluation.
12. Additional evaluation instruments may be administered in specific discipline areas to further pinpoint a child's eligibility if necessary. For example, a child who is identified in the communication area by one of the test instruments could require additional testing to rule out if the delay was due to articulation errors of a developmental nature.
13. The results of the evaluation are documented on the Individualized Family Support Plan (IFSP) and the IFSP document will serve as the team evaluation report.

#### **Requirements: Initial Developmental Assessment**

1. Whenever possible, evaluation and assessment activities are conducted concurrently in one single encounter with the family.
2. The assessment must be conducted by a transdisciplinary team of professionals who are likely to participate in the Early Childhood Team meeting, develop the IFSP and be involved in providing direct or consultative services.
3. The team must include those individuals necessary to meet the requirements of a multidisciplinary evaluation or assessment (and Medicaid requirements, if the child is Medicaid eligible) and to address the child's presenting issues.
4. To the extent possible, the use of assessors and service providers with specialized expertise is encouraged to address the needs of children with complex medical needs or other issues (for example, children with sensory impairments or potential autism spectrum disorder).
5. The service coordinator must be a participant in the assessment process, and for children who are not eligible for Medicaid, may serve as one of the required disciplines as appropriate.
6. Each team will conduct a transdisciplinary arena assessment, for children birth through two, in which all members of the team are involved in planning based on information received from the initial contact and other available information. An arena assessment is a planned observation process which typically involves a facilitator, who serves as the primary contact with the child and family during the assessment process, and at least one other team member who may serve as a coach to support the facilitator, provide cues for missed items, or reflect on what could be done to enhance the assessment. The arena assessment may also include one or more observers who serve as the multidisciplinary "eyes and ears" and contribute expertise from a variety of backgrounds and training. The child interacts with just one adult rather than all members of the assessment team. Arena assessment allows for an interactive and integrated process across domains to get a holistic picture of the child.
7. The family participates as additional evaluators, observers, and contributors in the process as a member of the team
8. The assessment must provide an opportunity to observe the child in typical routines in order to combine developmental information with functional application information. Typical routines must be defined by the family, not contrived by the evaluators as typical routines for the child.
9. The results of the assessment and the child and family's service needs are documented on the Individualized Family Service Plan that serves as the assessment report.
10. All team discussions regarding the assessment must include the family.

11. As indicated based on individual child need, recommended instruments (or any must be used to provide information for intervention planning:
12. An additional specialized assessment instrument may be used as indicated by the child's established condition (for example, visual impairment, hearing impairment, or autism spectrum disorder).  
Note: A list is being developed of assessment instruments that can be used to address the needs of children with specific established conditions
13. In addition to the use of one of the above instruments, the Individualized Family Service Plan participants may utilize other assessment instruments to determine the child's functioning level in specific areas of development and the child's unique strengths and needs.
14. Information gathered at the time of assessment will be used as baseline for measuring the child's progress.

## Early Childhood Team Meeting and Individual Family Service Plan Development

IFSP development is an ongoing process in which the family's continual communication and collaboration with Maine's Early Childhood Special Education program is foundational for positive outcomes. It is critical that service providers recognize and respect the role that a family plays in enhancing each child's development, that this role varies from family to family.

### **Requirements: Early Childhood Team Meeting and Individual Family Service Plan Development**

When possible, an IFSP will be developed on the same day that the Evaluation/ Assessment has been conducted by the Transdisciplinary Team.

Six pilots are under way in different regions of the state – Waterville area, Piscataquis County, Cumberland, Androscoggin, York, and one for preemies. The Assessment Workgroup, which is a subcommittee of the Commissioner's Steering Committee, has been researching valid, reliable instruments for utilization in the assessment of infants and toddlers. The intent is to recommend the utilization of a select few instruments to be used by all regional early childhood special education programs for initial eligibility determination.

### Qualifications of Evaluators

Minimum of a Bachelor's degree  
Appropriate training in assessment and the instrument being administered  
Appropriate license, certification, experience, and supervision

**Qualifications of Transdisciplinary Team Members**

At least one member with a minimum of a Master's degree AND formal training PLUS experience in assessment

An educator on the team MUST hold certification in special education

**Recommendation:**

One of two recommended assessments will be utilized by early childhood special education staff for the initial assessment of all infants and toddlers referred to the program as part of the eligibility determination, beginning July 1, 2006.

Conduct an examination of the actual utilization of Extended School Year Services (ESY) for children 3-5 years old.

**Cost Implications / Savings:**

Primary Service Provider Model (0-2)	\$300,000
Extended School Year Services	\$400,000

## CONSISTENCY OF SERVICE DELIVERY TO CHILDREN AND EXAMINATION OF ELIGIBILITY CRITERIA

### **Description of Work Undertaken:**

Four CDS regional site directors joined the eighteen member Task Force on Eligibility, charged by the State Board of Education to examine each of the eligibility criteria for children 0-20 years of age within Maine regulations, to recommend revisions to the criteria and regulations that would increase the consistency, equity of special education procedures, and to recommend policies that would tighten the criteria, thereby potentially reducing the number of misidentified special education students. The Task Force has developed:

- Implementation procedures for each of the 13 eligibility criteria;
- Refinement to the developmental delay criteria which would recommend that the criteria be used as the last resort for children 3-5 after the team had considered the standard 13 criteria for Part B and that the standard deviation variable would be *at least 1.5* rather than *approximately* This is intended to ensure a rigorous standard as required by IDEA 2004;
- A Response to Intervention procedure to be utilized by regular educators before referring to the Pupil Evaluation Team (PETs) for children 3-20;
- A Criteria for Dismissal procedure to be utilized by PETs on an annual basis to determine continued eligibility;
- A procedure for the determination of Specific Learning Disability;
- A Definition of Adverse Effect on Educational Performance to be utilized by PETs as part of the consistent steps for eligibility determination; and
- A Standardized Format for Evaluation Reports.

All of these documents have been examined from a 0-20 perspective by the Task Force and will be included in the Department's proposed new seamless special education regulations to be taken to stakeholder groups this winter and then to be promulgated through the APA process. This work will significantly enhance the seamless, consistent manner with which eligibility determination will be undertaken.

### **The proposed language for the criteria is as follows:**

#### **– Developmental Delay**

A child with a developmental delay is between the ages of three and six years old and exhibits significant delays in two or more of the following domains:

Cognition;  
Physical (including vision  
and/or hearing)  
development;  
Communication;  
Social or emotional  
development; and/or  
Adaptive development

The measured delays are so significant as to adversely affect the child's educational performance or achievement in age relevant, developmentally, and individually appropriate activities at a level commensurate with that of typically developing children of the same age.



For children aged 3-5: Every effort will be made to identify a child's primary disability under one of the other Part B eligibility criteria, reserving Developmental Delay for those situations in which a clear determination cannot be made.

A developmental delay will be determined through the use of standardized measures intended for that purpose, and administered by a licensed or certified individual with formal training in professional standards of the assessment of young children.

Criteria for identifying significant delays are scores of at least 1.5 standard deviations below the mean in at least two of the five listed domains.

The composite standard score of the overall domain will be used to determine a standard deviation below the mean in a developmental area.

The identification of a young child with a developmental delay will include consideration of an observation of the child in the learning environment or an environment appropriate for a child of that age, to document educational performance and behavior in the areas of difficulty.

The Developmental Delay criteria is comparable to 20 of the other states for their 3-5 population

**File Audit Undertaken:** Staff of the CDS State Office have undertaken a review of files of a stratified sample of children who are currently under the criteria of developmental delay. Of 47 files examined 15 were found to not have the actual statistical evaluation results that reflect whole domains, as opposed to subdomains, and would therefore not be considered eligible. The results of this audit were used to estimate, statistically possible cost reductions.

**Recommendation:**

Require the early childhood special education system to follow the recommendations of the *Task Force On Eligibility* which will be incorporated in the seamless Special Education Regulations.

Refine the Developmental Delay criteria in order to have a rigorous definition as required by IDEA 2004. Modify the definition as indicated above with the following two specific changes:

- (1) that a child will be considered eligible if there is "at least " 1.5 standard deviations in two domains rather than "approximately" and
- (2) that the criteria will be used as a last resort for 3-5 years after examining the other 13 Part B eligibility criteria first.

**Cost Implications / Savings:**

Eligibility Criteria/Evaluations/Service Delivery	\$1,650,000
Maine Care savings to State General Fund	726,000

**EXAMINATION OF THE ACTUAL UTILIZATION OF SERVICES  
AND OF ENROLLMENT TRENDS 0-5**

**Description of Work Undertaken:**

The Early Childhood Special Education Monitoring has been implemented with all sixteen of the regional CDS sites between June and September, 2005. As part of this monitoring individual child records were examined. Consistently it was found that the children are receiving services that are reflected on the service page of the individualized family service plan or individualized education plan (IFSP/IEP). The child records have included the progress notes for each of the services delivered.

Recent comparative analysis of enrollment for FY 05 and 06 year to date reflect a decline for FY 06 which will potentially lead to a decreased expenditure for special education and related services in both FY 06 and FY 07.

**Recommendation:**

The Department will continue to include review of actual services, as part of the focused monitoring.

The Department will review the projected 0-5 population trends and the implications for the Early Childhood Special Education Program. It is anticipated that the enrollment will reduce in FY06 by 350 children.

**Cost Implications / Savings:**

Decline in enrollment –Impact on Anticipated services	\$1,762,821
Maine Care State General Fund Reduction	368,097

# Seamless Systems

## RESTRUCTURING WITHIN SAU STRUCTURE

### **A Conceptual Framework for an Aligned and Integrated Approach :**

The Findings for the Part C Program, contained within the federal Individuals with Disabilities Education Act [IDEA], reflect that “Congress finds there is an urgent and substantial need:(1) to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child’s first three years of life;(2) to reduce the educational costs to our society, including our nation’s schools, by minimizing the need for special education and related services after infants and toddlers reach school age;(3) to maximize the potential for individuals with disabilities to live independently in society;(4) to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities; and (5) to enhance the capacity of State, and local agencies and service providers to identify, evaluate, and meet the needs of all children , particularly minority, low-income, inner city, and rural children, and infants in foster care.” These findings reflect the fact that the service delivery to infants and toddlers is one part of the seamless implementation of IDEA.

“Bogard and Takanishi and others (Council for Chief State School Officers, 2002; Gilliam & Zigler, 2001) propose a reconceptualization of the very loose and poorly aligned collection of opportunities for learning that are offered to children during the years 3-8. Center-based and family child care, care at home in the family, Head Start, publicly funded pre-K (PK) programs, kindergarten, and the primary grades of elementary school are each part of this system (U.S. Census Bureau, 2001). Children’s experiences in these settings are regulated by states, the Federal government, localities, and private markets. One product of this informal system is a distribution of children’s competencies that mirrors the inequities in their opportunities to learn (West, Denton, & Germino-Hausken, 2000). Yet learning occurs in all these places—children can receive rich, intense, and focused instruction every evening when read a bedtime story or when grocery shopping or when interacting with child care providers or Head Start teachers. Broadly speaking, this informal system of opportunity has functioned like a “school” for many years for children in the United States (U.S. Census Bureau, 2001).

But in the last 15 years, the informal, unintentional nature of learning that takes place in this school has been challenged by expectations from families, governments, and communities that children must meet a set of performance standards. In every way that K-12 education is pressured by accountability, this early childhood school is under the same set of expectations (Blank, Schulman, & Ewen, 1999; Brown & Scott-Little, 2003). Like it or not, American society expects children between 3 and 5 to learn some letters and numbers; to learn to attend, cooperate, and follow directions; and to carry on simple conversations (West et al., 2000). This loosely organized and distributed system of early childhood opportunity is now being asked to *intentionally* contribute to children’s skill growth in ways that are measurable. Concepts of alignment and integration (and the subordinate aspects of curriculum, training, etc.) are facets applicable to any grade level or aspect of K-12 school reform. By directly addressing these issues in the 3-8 age range, Bogard and Takanishi are implicitly recognizing that *there is a new American primary school, and it starts at 3*. One more point is relevant to the issues raised by Bogard and Takanishi. Regulations typically focus on structural features of schooling, such as teacher education, class size, or curriculum. However, in most studies where the contribution to children’s performance of structural features of schooling are assessed relative to process features—what teachers do in classrooms with children—process features are what tend to be more robust predictors (e.g., NICHD ECCRN, 2003). And there is not a very strong association between structural and process features (e.g., Pianta, Howes, Burchinal, Bryant, Clifford, Early, & Barbarin, in press), which suggests that training and support systems that focus on what teachers do in classrooms, how they teach a curriculum, and how they speak and interact with children may be more productive approaches to program design, implementation, and regulation precisely because of their attention to the mechanisms of schooling that appear responsible for children’s learning. In short, Bogard and Takanishi raise important points about the nature and

quality of opportunities for children's learning provided in contemporary American society. Policies that promote and ensure alignment, integration, access, and quality are but a specific reflection of a more broad recognition: that school starts at 3." (excerpt from Social Policy Report, Volume XIX, Number III)

The National Research Council Institute of Medicine, *From Neurons to Neighborhoods*, reflects that "the time is long overdue for state and local decisions makers to take bold actions to design and implement coordinated, functionally effective infrastructures to reduce ... fragmentation of early childhood education policies and programs.

The Department of Education has a bold proposal for a seamless, cohesive implementation of the special education responsibilities of IDEA. The reorganization will ensure quality services in locations that are easily accessible to eligible children and their families, working in partnership with other state and community agencies. This proposal dovetails with one of the objectives of the Maine Task Force on Early Childhood to develop public-private partnerships for infrastructure and quality supports, primarily via "HUBS", such as schools and community agencies, to enable localized resources for parent education, provider education and supports, health consulting and assurances of a medical home for each child and family.

#### **Description of Work Undertaken:**

The CDS State IEU requested in May, 2005, that each of the regional CDS sites provide a response to a prompt on the means to provide cost efficient, cost effective service delivery, which would include consolidation of several regional CDS sites. All sites provided a response to the CDS State IEU, within the Department, by the June 6, 2005 timeframe; some were for consolidation of 3 or 4 sites, and others were for enhanced service delivery methods.

The Department has done further analysis of Child Count populations and the regional distribution of programs and has made some decisions about cost effective administration, with the intent to centralize the fiscal responsibilities by July 1, 2006.

The Commissioner has initiated a series of meetings with superintendents, special education directors, CDS Site Directors, parents, and providers to discuss a shared vision of the restructuring of the service delivery responsibilities for young children birth through five, under the jurisdiction of the school administrative unit across the state by July, 2008, thereby providing seamless service delivery under the federal Individuals with Disabilities Education Act of 2004. [List of Meetings in Appendices]

#### **Recommendation:**

The Department recommends during the transition the fiscal responsibilities for employee payroll and provider payment would be undertaken by Department of Education, through the State Intermediate Educational Unit (IEU). Governance will be centralized under one state board. All regional staff will be employed by the State IEU, which will refine personnel policies and implement one benefit package as opposed to 16.

The direct services to children will be coordinated by the Early Childhood Special Education Coordinators under the direction of the Department of Education.

The Department proposes that a *Commission to Study Early Childhood Special Education Birth*

*through Age Eight* be formed to advise the Commissioner on effective steps for a successful transition of jurisdiction for 3-5 year olds and the possible frameworks to ensure the provision of services to 0-2 year olds in a seamless fashion.

By July, 2008 it is anticipated that all 3-5 year olds the children served by the current CDS system will be the responsibility of each school administrative unit for the children with each of their residential jurisdictions. Should a SAU want to take on the responsibility prior to that time, the statutory proposal will permit that. The eventual concept will be seamless educational system for all children with disabilities 0-20 in Maine.

**Cost Implications / Savings:**

Reduction in administrative structure was originally estimated to save approximately \$483,228 in FY07 through reduction in administrative personnel and possible co-location of personnel with existing available space in school administrative units.

Current estimates are as follows:

<b>I.</b>	<b>Position Counts</b>	<b><u>Cut</u></b>	<b><u>Savings</u></b>
	Field Coordinators and Supervisors: 16 to 15	1 positions	\$ 65,000
	Centralization of Fiscal Management FY 07		<u>418,228</u>
			483,228
	Centralization of Fiscal Management FY 08		780,000

## **EXAMINATION OF INTEGRATION OF CDS INTO THE MAINE DEPARTMENT OF EDUCATION'S ACCOUNTABILITY SYSTEM**

### **Description of Work Undertaken:**

#### **MEDMS [ Department Data System]:**

Discussions have been undertaken to incorporate the early childhood special education program with the Department's MEDMS system, which will include child and fiscal data. In addition, the MEDMS Team will begin work with the State IEU staff to begin entering all the early childhood special education program staff into the MEDMS system. The current sixteen regional site fiscal administrative staff will enter all necessary fiscal data into the MEDMS chart of accounts.

#### **Funding Formula:**

MEPRI staff are analyzing the current CDS System Funding Formula.

#### **Monitoring:**

The Department has been refining a seamless monitoring system.

#### **Applications:**

Integrated local entitlement applications for federal IDEA funds for children 3-20 have been undertaken for the past two years.

### **Recommendation:**

Finalize consolidation of all child and fiscal data within the MEDMS system during between FY 06 and 07.

Continue the integrated local entitlement application for Part B for the school administrative units. Prepare a seamless local entitlement application for both Part C and B funds for those districts that are prepared to take on those children who had been served by the CDS system that are within their jurisdiction for FY 2007.

Refine the current Early Childhood funding regulation.

Begin the strategic planning for consolidated, seamless 0-20 focused monitoring.

### **Cost Implications / Savings:**

Unable to quantify at this time.

**INVESTIGATE REGIONAL OR CENTRAL BILLING THAT WOULD BILL FOR ALL DIRECT SERVICES FOR ALL OF THE SITES, INCLUDING PAYROLL**

**Description of Work Undertaken:**

The Department has completed a cost analysis of both regional payroll and centralized processes within the Department of Education.

**Recommendation:**

Integrate the payroll and provider payment within the State Intermediate Educational Unit (IEU) by July, 2006 for the period of the transition.

**Cost Implications / Savings:**

Anticipated savings of \$483,228 in FY 07 in administrative personnel. [Has been reflected in the savings for restructuring.]



# Resources And Funding Streams

## **FUNDING GUIDANCE FOR PUBLIC SCHOOL PROGRAMS FOR FOUR YEAR OLDS**

### **Description of Work Undertaken:**

Department staff have developed the following guidance regarding the possible funding streams for the development of public school programs for four year olds.

This document is meant to guide schools in the types of funding that can braid or blend together to support public four year old programs. Districts are encouraged to explore community based partnerships that may also include funding sources via Head Start, Even Start, and the Child Care and Development Block Grant in order to maximize resources available to children and families through a braided early childhood fiscal system.

### **ESSENTIAL PROGRAMS & SERVICES School Funding Formula -- Basic Student Count and Kindergarten to Grade 2 Weighted Resources for Specialized Student Populations**

- **4 year-old funding is included** in the State subsidy formula based on student counts and each unit's EPS per Pupil Elementary Rate, as determined by the EPS model. This subsidy is not based on actual expenditures.
- 4 year-olds are counted as a full count (1) if they are attending 10 hours or more per week.
- There are additional adjustments to the EPS per pupil formula which can add .10 additional "weight", under the Kindergarten to Grade 2 targeted allocation, to the per pupil count for Kindergarten to grade 2 Pupils - this is inclusive of four year old programs. Other weighted students counts include the following
  - Special Needs Pupils
  - Limited English Proficiency (LEP)
  - Economically Disadvantaged Students
- Each SAU must submit an application for the Approval Of Four Year Old Early Childhood Programs as defined in MRSA-20A;Chapter 2023, SubChapter II

### **No Child Left Behind**

#### **Title I funds can be used in the following ways to serve younger children:**

- Title I-funded preschool may be provided to any child below the age at which the school district provides elementary education, including children from **birth up to the age at school entry**.
- Title I preschools may be located in public schools or other early childhood settings in the community.
- Title I funds can be used by either the LEA or at the school level for preschool or comparable programs, such as Even Start, Head Start, Early Reading First, and other preschool programs.
- Title I preschool programs must comply with federal Head Start Education Performance Standards.
- Eligibility for preschool in a Title I schoolwide program is open to all children living within the attendance area of that school.
- **Schools can implement schoolwide reforms if 40 percent or more of the children in the school are low-income.**

- Eligibility for Title I preschool in a targeted-assistance program is open to children considered at risk for meeting a state's achievement standards, as determined by multiple, educationally related, objective criteria established by the district.
- In states that include preschool as part of their primary education system, teachers in Title I preschools must meet the "highly qualified" standard as defined in NCLB.
- Title I funds may be used for professional development of teachers and paraprofessionals working in Title I preschools, even if Title I does not pay their salaries, if the training is related to the Title I program or the educational needs of Title I children.
- Title I funds may complement or extend a Head Start program if they are used for children who meet the eligibility criteria for Title I.
- Title I preschools using an Even Start model must integrate early childhood education, adult literacy or adult basic education, and parenting education into a unified family literacy program and comply with Even Start program requirements.
- Title I funds may be used in conjunction with other existing programs, including state-funded preschool programs, community-based child care programs, and the Child Care and Development Block Grant.
- LEAs must have a plan for coordinating and integrating Title I with other early childhood educational services, such as Head Start, Even Start, and other preschools, as well as a plan for the transition of children in these programs into elementary school. (Plan is included in their reporting to the state Department of Education)

## **Title V: Improve the Quality of Education for Students**

- Increased opportunities through library/ media for reading and/or research in the library
- Programs to provide high quality instructional materials to increase student achievement.
- **Increase the % of parents involved in education of their students (Examples: volunteering, attending training conferences, parent involvement activities)**
- Increased the use of technology by students
- **Program to improve the achievement of students**
- Increased opportunities for parents and family members to improve literacy skills
- Increase opportunities for students to participate in community service
- Programs to support school nurses
- Increase opportunities for students to participate in school-based mental health programs
- **Increase opportunities for students to participate pre kindergarten programs**
- Programs to support CPR
- Programs to support school safety, safe & drug-free schools
- Increase opportunities for students to participate in service learning activities
- Programs to reduce class size
- Programs to support the development of high standards and/or curriculum development and/or assessments
- Programs to increase opportunities for high quality staff development for teachers, administrators and paraprofessionals
- Programs to increase the number of highly qualified teachers

## **IDEA 2004**

### **Part B , Section 611:**

- LEA Subgrants are made on a formula basis. Under section 613(a)(2) the uses of the funds are reflected to be used only to pay the excess costs of providing special education and related services, to supplement State, local, and other federal funds and not supplant such funds.

- Funds may be used for special education staff- teachers, educational technicians, contracted services personnel, materials, supplies, equipment and professional development.
- Local entitlement funds may be used to serve preschool students with disabilities provided there are no outstanding compliance (program review) issues and no procedural safeguard (due process) issues. Funds have to be accounted for on the unit's local entitlement application (EF-S-08).
- Local expenditures for special education programs for 3-5 year olds may be reported on the EF-S-02 on the Pre-school page for reporting programs.

#### **Part B, Section 611(f) Early Intervening Services**

- A local educational agency may not use more than 15 percent of the amount that the agency receives under Part B for any fiscal year , less any amount reduced by the maintenance of effort, if any, in combination with other amounts ( which may include amounts other than education funds), to develop and implement coordinated, early intervening services, which may include interagency financing structures, for students in kindergarten through grade 12 ( with a particular emphasis on students in kindergarten through grade three) **who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment .**
- In implementing coordinated , early intervening services an LEA may carry out activities that include:
  - professional development
  - providing educational and behavioral evaluations, services and supports, including scientifically based literacy instruction.
- Funds made available to carry out this subsection may be used to carry out early intervening services aligned with activities funded and carried out under ESEA Act of 1965.
- **Maintenance of effort is calculated by:**  
Examining the difference between the amount of the LEA subgrants for the current year and the prior year multiplied by 50%.

For example:

A SAU's local entitlement for:

2003 was \$263,462

2004 was \$301,679

The difference is \$38, 218

The maintenance of effort is calculated at .50 X \$38,218 or \$19,109.

The early intervening calculation of the district above would be 15% of the 301,679 or 45,251-19,109= \$26, 143.

#### **Part B, Section 619 Funds to the IEUs (CDS)**

- Allocations to regional CDS sites are based on a formula. The regional site could utilize the early intervening amount pursuant to section 613(f) above. The funds are also to be used to provide special education and related services, including special education staff – teachers and education technicians, or contracted service personnel, materials, supplies, equipment, and professional development.

#### **Part B, Section 619 Funds to LEAs**

- Allocations to LEAs of Section 619 funds could utilize the early intervening amount pursuant to section 613(f) above, as well as for services to young children 3-5. See usage of funds above for 619. May be used in K-1 programs for special education staff – teachers, education technicians or contracted service personnel, materials, supplies, equipment and professional development.

**Recommendation:**

Department staff will provide technical assistance and support to districts in the development of new programs for four year olds.

**Cost Implications / Savings:**

Reflected in the next Benchmark element.

**DETERMINE WHERE AND WHEN PUBLIC SCHOOLS THAT HAVE QUALITY  
SERVICES FOR CHILDREN IN EARLY ELEMENTARY SCHOOL WITH  
DISABILITIES COULD PROVIDE SERVICES TO CHILDREN  
UNDER THE AGE OF FIVE IN THOSE PROGRAMS**

**Description of Work Undertaken:**

Analysis has been undertaken by the Department's Early Childhood Consultant to determine how many of the children currently served by the CDS System are receiving their specialized instruction with the program for four year olds in their local school administrative unit. Early analysis reflects that 44 four year olds currently in the CDS system are receiving this service in their local SAU. There are currently 97 programs in public schools, with 23 that operate as partnerships with HeadStart.

**Recommendation:**

Work with the school administrative units to increase the number of districts with programs for four year olds, which can provide specialized instruction with certified teachers.

**Cost Implications / Savings:**

Increase in the number of public school programs for four year olds(FY 07)	\$500,000
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## SCHOOL BASED REHABILITATION (MEDICAID)

### **Description of Work Undertaken:**

Currently the birth through five special education system receives Medicaid reimbursement on a “fee for service” basis for specialized instruction ; related services, such as occupational therapy, physical therapy, speech therapy, social work, counseling; and targeted case management. Department of Education staff met last winter with staff at the Bureau of Medical Services to ask for consideration in expanding the age population that could be billed under the School- based Rehabilitation services model utilized by the public schools. The School-based Rehab model is a bundled rate that is billed on a monthly basis according to each individual child’s special education eligibility criteria. The Bureau of Medical Services indicated they were willing to consider a change in the applicable age range.

Department staff have been examining the cost comparisons of actual IFSP/IEPs on both the regional CDS site basis and public school basis and the rate of reimbursement from the bundled rate as a means of feasibility.

### **Recommendation:**

Work with the Bureau of Medical Services to refine the School based Rehab policy to include 3-5 year olds which would be implemented when the children come under the jurisdiction of school administrative units.

### **Cost Implications / Savings:**

There are approximately 2280 or 50% of the total number of young 3-5 year olds served by the CDS System that are Medicaid clients. Currently MaineCare operates under a “fee for service” model for this population, which provides a reimbursement that includes the *federal and State* portions. The savings come in the shift from fee for service to the school based rehab model with certified state seed.

Utilizing the Maine Care rates for School based Rehabilitation Services, for this population, the estimated reimbursement would be \$7 million, of which \$5 million is the federal reimbursement drawn down. The State portion of \$2 million is done as a certified match, *thereby saving the State General Fund \$2 million when the children served by CDS become part of the SAU jurisdiction.*

**INSURANCE:**

**A. EXPLORE REQUIRING THAT RELATED SERVICE PROVIDERS HAVE ACCESS TO AND BILL PRIVATE INSURANCE COSTS THAT ARE ALLOWED UNDER PART C AND PART B, SECTION 619**

**B. WORK WITH THE GOVERNOR'S OFFICE ON HEALTH CARE TO ASSURE THAT INSURANCE COMPANIES WILL PAY FOR RELATED SERVICES FOR CHILDREN WITH DISABILITIES AND TO ASSURE THAT RELATED SERVICE PROVIDERS ARE ABLE TO ENROLL WITH THESE INSURANCE COMPANIES**

**C. CONSIDER DISCUSSIONS WITH LARGER HEALTH INSURANCE COMPANIES TO INTRODUCE A VOLUNTARY EARLY INTERVENTION BENEFIT**

**Description of Work Undertaken:**

A. The CDS State IEU had planned to undertake pilots with the Easter Seals Agency facilitating the process of accessing of insurance in both York and Cumberland Counties. However, the CDS State Office has decided to mandate access of insurance as part of the Sliding Fee Scale Policy.

B. None undertaken to date.

C. None undertaken to date.

**Recommendation:**

Access to family insurance will be an integral part of the Sliding Fee Scale Policy for the families of infants and toddlers.

**Cost Implications / Savings:**

Unable to estimate as this time.



## CONSIDER A FAMILY COST PARTICIPATION FOR PART C

### **Description of Work Undertaken:**

The CDS State IEU has updated the Sliding Fee Scale Policy and will be sending an Administrative letter to all 16 regional sites indicating that the refined policy is to be implemented statewide immediately with all infants and toddlers currently within the system and with all new infants and toddlers entering the system after the date of the Administrative letter.

### **Recommendation:**

All CDS sites will be required to implement the Sliding Fee Scale Policy for families of children who are infants and toddlers eligible for services in the system upon receipt of the Administrative letter.

### **Cost Implications / Savings:**

Many of the infants and toddlers in the CDS System are Maine Care clients whose services are paid for directly by MaineCare. The revenues over the past several years under the existing policy have been small. The anticipated revenue from the revised Sliding Fee Scale Policy is expected to be no more than \$100,000.

**CONTINUE TO WORK WITH THE AUTISM SOCIETY OF MAINE TO ASSURE  
THAT SERVICES PROVIDED TO CHILDREN ON THE AUTISM SPECTRUM HAVE  
ACCESS TO HIGH QUALITY BEHAVIORAL AND EDUCATIONS SERVICES IN  
THE MOST EFFICIENT WAY POSSIBLE**

**Description of Work Undertaken:**

The Executive Director of the Autism Society was invited to sit on the Commissioner's Steering Committee. While no specific work has been undertaken by the CDS State Office, site directors continue to explore ways to provide quality services for young children with autism through new program development and collaboratives.

**Recommendation:**

A Statewide Autism Initiative will develop a partnership to propose an action plan, including pilots, to ensure quality, effective, efficient programs imbedded with instruction on a regional basis for children 2-8 years of age. The Initiative will include faculty from the University of Maine System, staff of the Departments of Education and Health and Human Services, public school personnel, parents, and current CDS site directors

**Cost Implications / Savings:**

FY 07 Estimated for ECSEP	300,000
MaineCare General Fund Reduction	100,000
FY 08 Estimated for ECSEP	300,000
MaineCare General Fund Reduction	100,000

## USAGE OF DIRIGO HEALTH BENEFIT FOR EMPLOYEES

### **Description of Work Undertaken:**

Informal conversations have occurred between the Commissioner of Education and Trish Riley to explore the utilization of Dirigo as a benefit for the early childhood special education personnel.

### **Recommendation:**

None at this time.

### **Cost Implications / Savings:**

Unable to determine at this time.

**ASSURE THAT ALL SOURCES OF STATE AND FEDERAL FUNDING FOR THE BIRTH THROUGH FIVE POPULATIONS ARE WELL COORDINATED, INTEGRATED AND EACH AGENCY INVOLVED HAS A WORKING INTERAGENCY AGREEMENT WITH CDS BOTH AT THE STATE AND LOCAL LEVEL**

**Description of Work Undertaken:**

The Department has several state level interagency agreements which reflect shared fiscal responsibility:

- Department of Education with the former Departments of Human Services and Mental Health/Mental Retardation (1994)
- Department of Education and the Department of Health and Human Services, HeadStart (2003)
- Department of Education with Department of Health and Human Services (DHHS), Bureau of Medical Services (2005)

Department has reviewed the Interagency agreements on file with the State Office of CDS. There are eleven (11) local level Memorandums of Understanding of the following types:

- 4 HeadStart which reflect that HeadStart will provide screening, targeted case management, employment of 1:1 aides and joint training.
- 2 Maternal and Child Health which reflects provision of developmental screenings
- 1 Public school program for four year olds which reflects provision of specialized instruction and speech services as reflected on individual children's plans
- 1 Child Care Connection which reflects referrals by child care to the local CDS regional site, training and the development of a partnered workplan and shared agency projects and materials
- 1 Kennebec Valley Community College which is a clinical affiliation agreement
- 1 Special Purpose program which provides direct services (individual specialized instruction, center-based special education and community outreach)
- 1 Tribal agreement which reflects that the funds will be used to assist ChildFind, screening, parent training, and the provision of direct services.

**Recommendation:**

Now that the Departments of Human Services and Mental Health/Mental Retardation have merged, work can begin to revise the Department of Education's agreement of 1994 to reflect the current types of coordinated and integrated work across the Departments.

**Cost Implications / Savings:**

Active work since 1991 with the Bureau of Medical Services within the now DHHS has lead to the coverage of the early intervention and special education and related services for 50% of the children served by the early childhood special education program by the state Medicaid program. It is estimated that the Bureau is supporting the services at an estimated cost this year of \$23 million , which is comparable to the amount expended by the Department of Education for those

children who are not Medicaid clients that are eligible in the early childhood special education program.

ChildFind/Screening	\$55,000
Implementation of Tiered Rates in Developmental Therapy Programs	\$600,000

## **EXPLORATION OF EFFECTIVE PARTNERSHIPS PROMOTING COLLABORATION**

### **Description of Work Undertaken:**

The Commissioner of Education and the Commissioner of Health and Human Services met in late August to begin the discussions regarding collaborative, cost effective, early childhood service delivery. Additional discussions with the combined staffs of each Department met on November 14, 2005 and are scheduled to meet December 16, 2005 to further explore effective partnerships.

### **Recommendation:**

Develop an interdepartmental, braided funding mechanism for young children who have health, child care and special education needs. [Matrix in the Appendices]

Develop an integrated data mechanism to ensure 'one door' information provision on all aspects of a child's developmental record.

### **Cost Implications / Savings:**

Unable to articulate the cost saving which may be accomplished at this time.

## **Phase V Implementation Steps of the Benchmark Plan**

### **Legislative Action**

- Repeal 20-A MRSA Chapter 307-A [*Request Completed by 2/06*]
- Refine 20-A MRSA Chapters 301 and 303 to include a transition period from July , 2006- July, 2008 [*Request Completed by 2/06*]

### **Department of Education Action**

- Create a Commission to Study Early Childhood Special Education Birth to Age Eight to strategically plan the transition of the jurisdiction for the current Child Development Services System to the public schools by FY 09
- Move Current CDS Child data to a web-based format to allow greater ease of input by service coordinators in the field as well as the ability to authorize invoices for payment on the state level. [July , 2006]
- Repeal Department of Education Regulations Chapters 180 and 181
- Refine Maine Department of Education Regulation 101 to serve as a seamless special education regulation 0-20
- Refine Department of Education Regulation 182 – Funding Formula
- Refinement of the State Intermediate Educational Unit (IEU)
  - Refine the Personnel Policies to encompass all current regional staff of the CDS system
  - Refine the Benefit Plan for all regional employees to be of the IEU effective July 1, 2006
  - Centralize the fiscal operations for the Early Childhood Special Education Program for the Transition period of July 1, 2006- 2008

### **Concurrent Activities**

- Finalize the Proposal about the relationship of the CDS system to the new Department of Health and Human Services and to the Department of Education in response to the Unification Report [January 2006]